

File Original and First Copy with
Department of Ecology
Second Copy - Owner's Copy
Third Copy - Driller's Copy

WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. W 093347

UNIQUE WELL I.D. # AEP 234

Water Right Permit No. _____

(1) OWNER: Name Bob Lee-Young Address 16410 84th Ave NE Suite D120 Altamira
(2) LOCATION OF WELL: County Island NE 1/4 SE 1/4 Sec 30 T 32 N.R. 3 E WM
(2a) STREET ADDRESS OF WELL: (or nearest address) 32-3E-30J

(3) PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal
☐ Irrigation ☐ Test Well ☐ Other
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one) _____
☒ New well Method: ☐ Dug ☐ Bored
☐ Deepened ☐ Cable ☐ Driven
☐ Reconditioned ☒ Rotary ☐ Jetted

(5) DIMENSIONS: Diameter of well 6 inches
Drilled 270 feet. Depth of completed well 270 ft.

(6) CONSTRUCTION DETAILS
Casing installed: ☐ Welded ☒ Diam. from 4 ft. to 18.5 ft.
☐ Liner installed ☒ Diam. from 15 ft. to 250 ft.
☐ Threaded ☐ Diam. from _____ ft. to _____ ft.

Perforations: ☐ Yes ☒ No

Type of perforator used _____

SIZE of perforations _____ in. by _____ in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

Screens: ☒ Yes ☐ No

Manufacturer's Name Western Model No. _____
Type P/C
Diam. 4 Slot size 20 from 250 ft. to 270 ft.
Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: ☒ Yes ☐ No Size of gravel 8-12 silver sand
Gravel placed from 235 ft. to 270 ft.

Surface seal: ☒ Yes ☐ No To what depth? 235
Material used in seal Bentonite
Did any strata contain unusable water? ☐ Yes ☒ No
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(7) PUMP: Manufacturer's Name _____
Type: _____ H.P. _____

Land-surface elevation above mean sea level _____ ft.
Static level 242 ft. below top of well Date April 14/99
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____ (Cap. valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? ☐ Yes ☐ No If yes, by whom? _____
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.
Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)
Time Water Level Time Water Level Time Water Level

Date of test _____
Bailer test 15 gal./min. with 5 ft. drawdown after 2 hrs.
Airstest _____ gal./min. with stem set at _____ ft. for _____ hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? ☐ Yes ☐ No

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION
Formation: Describe by color, character, size of material and structure, and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
Top soil	0	2
Sand	2	5
Brown clay	5	22
Gravel	22	25
Brown till	25	135
Sand	135	137
Brown sandstone	137	254
Coarse gravel (white)	254	270

RECEIVED

RECEIVED

MAY 19 1999

APR 30 1999

DEPT OF ECOLOGY

DEPT OF ECOLOGY

This well was fitted in accordance with Island County Code #8.09

CASCADE DRILLING

7411 30 ST NE

MARYSVILLE WA 98270

Work Started April 13, 1999 Completed April 14, 1999

WELL CONSTRUCTION CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME Cascade Drilling (Person, Firm, or Corporation) (Type of Print) 98270

Address 7411 30th St NE Marysville

(Signed) C. Soling License No. 1539

Contractor's Registration No. CASCADE 91P8 Date April 19 99

(USE ADDITIONAL SHEETS IF NECESSARY)

Ecology is an Equal Opportunity and Affirmative Action employer. For special accommodation needs, contact the Water Resources Program at (360) 407-6600. The TDD number is (360) 407-6006.